N THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Singer et al.

Serial No.:

10/040,717

For:

ILLUMINATION SYSTEM WITH RASTER ELEMENTS OF

DIFFERENT SIZES

Filed:

January 7, 2002

Examiner:

Allen C. Ho

Art Unit:

2882

Confirmation No.:

1778

Customer No.:

27,623

Attorney Docket No.: 637.0016USU

AMENDMENT AFTER FINAL ACTION UNDER 37 C.F.R. 1.116

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Applicants are submitting the present document in response to a Final Action dated June 17, 2004 (hereinafter "the Office Action") for the above-noted application. Please amend the application as follows:

Amendments to Claims begin on page 2 of this paper.

Remarks begin on page 7 of this paper.

09/27/2004 CMODRE 00000001 010467 10040717

01 FC:1253

950.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		OR	OTHER SMALL	
TOTAL CLAIMS								RATE	FEE	7	RATE.	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	ORI	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•			XS 9=		OR	XS18=	
INDEPENDENT CLAIMS			minus 3 =		•		İ	X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM P			RESENT					. ÷145=		OR	. +290=	
* If the difference in column 1 is I			ess than zero, enter "0" in			olumn 2	ı	TOTAL		OR	TOTAL	
	C	LAIMS AS A (Column 1)	MENDE	ED - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	6	CLAIMS HEMAINING AFTER AMENDMENT		PAID I	EST BER DUSLY	PRESEUT CXTRA		RATE	1001 TIONAL FEE		RATE	ADDI TIONAL FEE
	Total	. 19	Minus	- 20	Ò			X\$ 9=		OŖ	X\$18=	
AME	Independent	. 8	Minus	2		5		X43≖		ОЯ	X86=	430
<u> </u>	FIRST PRESE	NIAHON OF ME	LTIPLE DEPENDENT		CLAIM.	<u></u>		+145=		OR	+290=	
							L.	TOTAL		OR	TOTAL ADDIT: FEE	430
	(Column 1) (Column 2) (Column 3)								• • • •			_
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVICE PAID I	BER BUSL:	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 17	Minus	0	30	. /		XS-84	/	ОĦ	X\$18=	/
AME	Inoependent	. 6	Minus	2	3	= /		X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM		!	+145=	/	OR.	+290=	1.
٠.	·				•	L	TOTAL DOIT FEE		OR	TOTAL ADDIT FEE		
	(Column 1) (Column 2) (Column 3)								•			. •
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	AUUI: TIONAL: FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	4-0	:	e		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	`	X43=	•	OR	X86=	· · ·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										22.5	
• 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+145=		OR	+290=	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
T	he "Highest Num!	ber Previously Paid	For" (Total or	Independer	ni) is lhe	highest numbe	r loun	d in the app	ropriale box	in col	umn 1.	٠, ٠